

**Virginia Health Reform Initiative
Medicaid Taskforce Teleconference Meeting
September 22, 2010 10:30-11:30am
MINUTES**

Public Call In: 1-877-664-7391
ID# 11308902

Welcome: Cindi Jones, Director Virginia Health Reform Initiative

For any interested parties, comments can always be sent to VHRI@governor.virginia.gov

Agenda for Meeting:

Overview of VHRI

Describe Framework for reports

Have co-chairs describe what is next step and process for October meeting

Before us is an opportunity to offer an alternative state model for Virginia's Health Reform Initiative. Going beyond federal reform and meet the needs of Virginians and contribute to the economy. Members have been asked to commit time until December 2010, at that time we will be able to identify what Virginia needs to do in order to move forward and get work accomplished.

Key Question: Where are we going and what is the end product?

Four Questions to inform report:

1. What do we know? (See charge statements and Aug 21st presentations)
2. What do we need to know? (Discussion today to determine what information and presentations are needed for October)
3. What are opportunities and challenges (Will receive information in October)
4. What choices does Virginia need to make and what is the plan in each of the six taskforce areas?

Turn over to co-chairs:

- Observations off hand: December is quickly approaching and session is quick to follow. Anything we can do to pick up wind and get ideas implemented soon will require the taskforce to use the meeting time to discuss proposals and solutions as opposed to information gathering. Information gathering will and should take place between now and October 20th meeting.
- Taskforce will need to clarify for the Advisory Council what the options are and should be. The first order is to make sure that options and implications are clear.

Ideas to consider and information needed in order to set agenda moving forward:

- Identify purpose of MCD program in Virginia.
 - Is Virginia running the program and executing against the goals and purpose of the program.
 - Ensure to implement areas of reform that support the purpose..
- How does Medicaid operate like an insurance company and how does it differ in operations like an insurance company?
- What are the Medicaid expenditures (broken out)...examples: Medicaid (Managed Care, FFS) Long-Term Care (home and community based services, institutional services, by waiver type, etc.)
- What other states have health outcome data specific to Medicaid spending? How can we use the data here in Virginia?
- How do Free-Clinics and FQHC's rely upon or interact with Medicaid?
- Medicaid formularies for Prescriptions, what they are and how do they compare to other states?
- How does management of claims, enrollment, prior authorization and credentialing rate among what other states are doing?
- What is the possibility of coordinating provider audits differently and more effectively? Can this function be automated differently?
- Need to look at recommendations from 2 perspectives:
 - In place reform- within existing structure what can we do within a timely manner that has an immediate impact and is consistent with long-term needs with health care reform
 - When we look at challenges ahead, we need to look at new delivery models and a broader approach to reform.
- Discuss how older citizens can receive care and identify how to rebalance funding in response to how individuals would like to receive care.
- Need to prioritize the work that is going to be accomplished. All things that impact Medicaid should be on the table (preventive care, quality and outcomes)
 - Investing in quality will yield in savings
- What is maintenance of effort and what does this mean? How does it break out between who is currently enrolled and who will be eligible under federal health reform.

Further Discussion:

- What needs to be done to accommodate logistics on enrollment and eligibility?
- Who are the enrollees and what is the balance between who currently utilize services and where projections potentially are for future services?
- What is the break out of utilization between private/public/self and uninsured?
- Opportunity for individuals to migrate towards work thus migrating off of Medicaid.
- Eligibility and Enrollment
 - Thoughts on what it will look like with exchange
 - Capacity with local DSS and processing both in determining and managing the case load. Major issue now and increased eligibility will only exacerbate the problem
- What are the grant opportunities and programs available in order to tap federal dollars? Virginia needs to know what money is out there
 - Chronic disease mgmt, etc.
- Look at out of the box options offered from the federal government and identify appropriate opportunities for Virginia. Will need to seek approval from federal partners.
- What have been significant demonstration projects (both in Virginia and across the nation) and how well have they operated?

Closing:

Members: if you have further comments or ideas please feel free to send to VHRI@governor.virginia.gov

Next meeting of Virginia Health Reform Initiative Purchaser Taskforce is October 20, 2010 1:30-4:30. All meetings at the Virginia Department of Medical Assistance Services (DMAS) 600 East Broad Street Richmond, VA 23219 in room 7a/b.

Framework: 3 hours

- 1- Talk about and receive presentations identified as needed on September 21, 2010 phone call
- 2- Public Comment (instructions to soon follow)
- 3- Co-chairs will lead discussion and will identify what should be considered by full advisory council meeting.

Thank You: co-chairs, taskforce members, George Mason University,

Adjourn -